

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF  
UNITED STATES OF AMERICA

DEFENDANT  
RAMON TORRES-GONZALEZ

COURT CASE NUMBER  
97-CV-2445(JAF)

TYPE OF PROCESS  
INSTALLMENT PAYMENT ORDER

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

RAMON TORRES-GONZALEZ

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

CARR 449 KM 1.3 SECOTR LOS TANQUES, BO. CALABAZA, SAN SEBASTIAN PR 00685 (787)896-5067

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

H.S. GARCIA  
United States Attorney  
350 Chardon Street, Suite 1201  
Hato Rey, PR 00918  
Attn: Rebecca Varoas Vera AUSA (787)7665656

Number of process to be  
served with this Form 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

PLEASE SERVE INSTALLMENT PAYMENT ORDER PERSONALLY TO RAMON TORRES-GONZALEZ

EMPLOYER'S ADDRESS: A.E.E., SAN SEBASTIAN, PR

CONTACT PERSONS: JADIRA ALERS, (787)896-8346 AND ZORAIDA SOTO (787)896-8346

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(787)766-5656

DATE

1.26.04

REBECCA VAROAS-VERA - AUSA

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District of  
Origin

No. 69

District to  
Serve

No. 69

Signature of Authorized U.S. Marshal or Clerk

Date

1-27-04

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

4-1-04

Time

11:30

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

270.00

Total Mileage Charges  
including endeavors)

54.75

Forwarding Fee

4.80

Total Charges

329.55

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00